

The logo consists of two overlapping circles, one light green and one light orange. The text "UPWARDS!" is written in a bold, black, sans-serif font above the text "GYM NIGHT", which is also in a bold, black, sans-serif font. The text is centered within the overlapping area of the circles.

**UPWARDS!
GYM NIGHT**

Dear Parent/Guardian:

We are very happy to welcome your child to join our **UPWARDS! GYM NIGHT**. Your child will be participating in a fun program that will include sports, games, singing, a Bible lesson, and a snack.

AGE: children 7 – 13 years old

LOCATION: Queen Mary Public School, 557 Queen Mary St, Ottawa

TIME: Every Thursday night from 6:30-7:45 starting October 30, 2014, and ending in April 2015.

FEE: There is no fee for this activity

Please call **613-824-4451** or **e-mail to indicate interest**. Please fill out the attached registration form and bring it with you on your child's first visit or email it to camp@upwardscamp.com

Your child will not be able to participate in the gym night program if we do not have the registration form. If you have any questions please call us.

Sincerely,

Vincent and Ciela Kember

Camp Directors

camp@upwardscamp.com

www.upwardscamp.com



UPWARDS! CAMP REGISTRATION FORM

My child _____ has my permission to attend the
(child's name)

Upwards! Gym Night from October 2014 to April 2015 at Queen Mary Public School.

Check one:

_____ My child does not have food allergies.

_____ My child is allergic to _____
(name of the food your child is allergic to)

Please indicate how your child will be picked up from UPWARDS! CAMP .

At the end of the activity (**6:45 pm**), my child will be

WALKING HOME ALONE:

A PARENT OR GUARDIAN WILL PICK HIM/HER UP

The following adults are permitted to pick up my child at the end of the day. (Please list all):

Name: _____ Relationship to child _____

Name: _____ Relationship to child _____

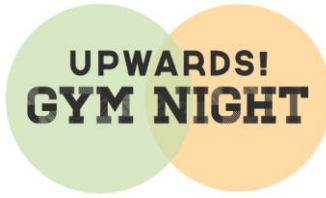
Name: _____ Relationship to child _____

Name: _____ Relationship to child _____

Name: _____ Relationship to child _____

Parent's Signature: _____ Phone _____

Date: _____ Email: _____



UPWARDS! GYM NIGHT
AUTHORIZATION AND MEDICAL CONSENT FORM

For the Upwards! Gym Night 2014-2015

Child's Name _____

Address _____

Phone # _____ Parents' Work # _____

Date of Birth (M/D/Y) ____/____/____ Health Card # _____

Family Doctor _____ Phone # _____

Allergies _____

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of? If yes, please explain. _____

Is your child bringing any medication with him/her? If yes, please list. _____

Do you consent to your child's involvement in sports activities? _____

Parents'/Guardian Name _____

In case of an emergency, contact _____

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection.

.....
I/we, the parents or guardians named above, authorize UPWARDS! GYM NIGHT to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named above, undertake and agree to indemnify and hold blameless UPWARDS! GYM NIGHT, and its Directors from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of UPWARDS! GYM NIGHT, as well as of any medical treatment authorized by the supervising individuals representing the camp. **I/we, named above, agree that photography taken during the activities may include the image of the participant named above.**

Parent/Guardian

I have read, understood and agree with the above and sign it to cover activities for the program year effective as stated below.

Signature _____ Date _____

Effective from date signed through April 2015.